Date: March 10, 1999 DSL-BQA-99-018

To: Home Health Agencies HHA 10

From: Judy Fryback, Director
Bureau of Quality Assurance

Outcome ASsessment Information Data Set (OASIS) Update

Memo # 5

The purpose of this memorandum is to provide information related to the federal Outcome ASsessment Information Data Set (OASIS).

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REMINDER

OASIS Effective Dates

OASIS Data Collection – February 24, 1999

Encoding and Testing – March 26, 1999

Electronic submission MUST begin on APRIL 26, 1999

OASIS Educational Opportunities

The Bureau of Quality Assurance is planning the following OASIS Educational Teleconference Network (ETN) programs on the following dates:

1. OASIS Update & Data Collection

   March 15, 1999 2:30 p.m. – 4:00 p.m.

2. OASIS Automation

   April 13, 1999 11:30 a.m. – 1:00 p.m.

These programs are provided free of charge and there is no need to pre-register with the Bureau of Quality Assurance. A list of the ETN listening locations is attached for your reference. Select the most convenient listening location and contact them directly prior to the program to schedule your attendance.

National Technical Information Services

Recent Federal Register notices about OASIS reference a phone number at the National Technical Information Services that readers can call to get a copy of the OASIS User's Manual and OASIS data sets. This phone number has since been disconnected. The new number is 703-605-6186. Please make a note of this for future reference.

Automation Update

To date, only one particular "transition" error has been identified. This error has to do with patients whose start-of-care dates precede the effective date of the encoding regulations. HAVEN automatically calculates the expected timeframe for performing the follow-up assessment based on the start-of-care date (i.e., the last 5 days of a two calendar month period). In many instances, the

HAVEN 5-day window may not coincide with the agencies' current follow-up assessment date and will cause a warning message. While we do not want to encourage agencies to ignore warning messages, this one is expected and will not preclude their data from being transmitted to the State system.

ID Numbers and Passwords

Attached to this memo you should find a colored sheet that lists your unique Agency ID, User ID, and password. The Agency ID is the number that identifies your agency in the Header Record of all OASIS batch files and in the Record Control section of each encoded assessment. The User ID, like the Agency ID, is based on your agency's Medicare certification number, but uses a different prefix. The User ID and password must be entered in the appropriate locations when you dial in to the State OASIS system, and when you choose the OASIS Submissions option from the OASIS Welcome Page. See the *Home Health Agency System User's Guide* for details. Also provided is the toll-free phone number that must be used when directing your modem to call the state system. The Agency and User IDs, your password, and the telephone number are confidential and should be kept in a secure location. They should be divulged only to staff who have responsibilities related to OASIS data entry and transmission. If the attachment is ever lost or misplaced, or if you have reason to believe that unauthorized persons have knowledge of your IDs or password, contact the OASIS Automation Coordinator, Richard Betz at (608) 264-9898.

Please pay careful attention to the Agency Name, Address, and Phone Number as they are printed on the top of the attachment. Each item must be entered in your submission file Header Record exactly as printed on the attachment or you will receive non-fatal error messages on your validation reports when submitting data. If you wish to use a different version of the Agency Name or prefer to designate a different address or contact phone number, please call the OASIS Automation Coordinator at 608-264-9898 to discuss the necessary changes.

Assessment Reference Sheet

Attached to this memo is an Assessment Reference Sheet that was designed to assist agencies in determining the number of calendar days in which the ten different assessment types must be completed.

The locked date is always within seven calendar days from the information completion date at M0090.

Frequently Asked Questions

The Bureau of Quality Assurance has received many of the same or similar OASIS questions. Many of the questions specific to the OASIS data set, time points for collection and data items are answered in the OASIS Implementation Manual. If you are unable to find the answer to your question, after consulting the manual, BQA staff would be happy to respond to the question.

Question: Will the Haven software accept OASIS data out of sequence? For example: A patient is transferred to an inpatient stay and returns home so a Resumption-of-Care form is completed. Can the resumption of care assessment data be entered before the transfer assessment data?

Haven will accept entry of assessments out of sequence. However, when an assessment is closed out on HAVEN and the edit checks are run, you will receive an out-of-sequence error message if the appropriate preceding assessments have not already been entered and stored in your HAVEN assessment database. This is true of data submissions to the state system as well. You can transmit assessments out of sequence, but will receive an out-of-sequence error message on the Final Validation Report. Agencies should remember this when submitting their first assessments for existing patients later this spring. Unless the start-of-care assessment is the first one submitted, you should expect to get an out-of-sequence error message on the Validation Report. These messages do not mean an assessment has not been accepted by the state system, and in this example it is not a problem because agencies are

not required to encode or transmit the start-of-care assessment for patients admitted prior to March 26.

Question: What suggestions do you have for promoting accurate data transmission?

First, agencies should be sure they read and understand the OASIS System User's Guide so they know what to expect when they start transmitting data. Second, it is recommended that all agencies get the HAVEN software and either use it as their OASIS data entry software or use it to edit encoded assessments before exporting them for transmission to the state system. HAVEN applies the same edits to encoded assessments as the state system does, so if assessments pass the HAVEN edits they will pass the state system edits. Even if an agency plans to use proprietary data entry software, HAVEN can help ensure the accuracy and integrity of the data. Third, if proprietary data entry software will be used, it should be tested for conformance with the HCFA data specifications. For example, enter some test assessments using inconsistent responses, or make other deliberate mistakes, and see if the software catches them. Ask the vendor how often the software is reviewed for conformance with the OASIS data specifications. If you're paying for proprietary software you should expect it to find and alert you to mistakes before you export records, so you don't have to clean them up later.

Finally, agencies need to develop and adhere to a plan for verifying the accuracy of encoded assessments against the original assessment information collected by the clinician. Clerical mistakes can and will happen at the time of computer data entry, and many clerical mistakes will not trigger data integrity errors in HAVEN or on state feedback reports. For example, 1 and 2 are both valid responses for M00069, Gender, and neither response will trigger an error in HAVEN or the state system. The only way mistakes in this kind of data field will be caught is if encoded records are verified for accuracy against the clinical record, so that has to be part of every agency's quality assurance program.

Question: Is the Agency ID number, the provider Medicare number or will the state issue another number?

The Agency ID number will be essentially the same as the provider certification number. You will actually receive two different numbers. The User ID, which you will use along with a password to access the state system and submit assessment files, will be the provider number preceded by a state code. The Agency ID number is only used in the header record of a batch of assessments and in the assessment control section of each patient record. That will be the same as the provider number, except that it is preceded by the letters HHA.

Question: Will the patient have the right to prohibit submission of the OASIS information to the State and HCFA?

No. Nothing in federal law or regulations gives patients the right to refuse to provide the information in the OASIS or to prevent that information from being collected by the state and HCFA. If they wish to receive services from a home health agency that is subject to the Medicare Conditions of Participation, they must provide this information.

Question: Because we need informed consent (patient's signature) to pass along medical information and would need to let our clients know that this information will be sent with the patient's MC # and SS# to the state OASIS program (which would include medical, social, environmental, etc…information), if the patient refuses to sign, where is the agency's responsibility and does this mean the patient does not receive the needed care?

If a patient wishes to receive services from a home health agency subject to the Medicare conditions of participation, they must provide the required OASIS information. Agencies are not required to obtain patient signatures authorizing collection of OASIS information or its transmission to the state and HCFA though they may choose to do so as a way of documenting that they have provided patients with notification that the data are being

collected. If a patient refuses to provide the required information and the agency chooses to provide services anyway, then Medicare reimbursement would not be available for that patient.

Question: What systems are in place with the State and HCFA to ensure patient confidentiality?

Three basic measures are used to ensure the confidentiality of computerized OASIS data. First, the computer system used to collect OASIS data from home health agencies is a closed system. It is only accessible to authorized state and federal staff and to home health agencies with valid user IDs and passwords. It functions as an Intranet, and is not accessible to Internet or other outside users even if they were to discover the unique URL for the system. Data travels over a dedicated telephone network, not through any third party Internet or e-mail servers, so it cannot be intercepted in transit. Second, once the data are received and stored on the state and federal computers, access to the data is restricted to authorized staff whose official duties require them to manage and use the data. Finally, distribution or other use of the data by third parties is restricted to situations permitted by the Privacy Act of 1974. OASIS data cannot be released to private companies, private individuals, or even other state or federal agencies unless the release is authorized by the patient or mandated under the terms of the Privacy Act.

Question: Since the OASIS information forwarded to the state and HCFA is so detailed for clients over 18 years of age, and it is <u>not</u> used for reimbursement purposes, is this not a violation of patient confidentiality? Will we need, or will the State provide a release of information form?

Confidentiality of OASIS data is governed by the Privacy Act of 1974. Contrary to popular belief, the Privacy Act does not prohibit the collection or use of individually identifiable patient information. What the Act does do is impose on government agencies an obligation to prevent unauthorized disclosures of such information after it is collected, and to restrict authorized releases to situations in which the information is needed for an official government purpose or another legitimate purpose specified in the so-called "System of Records" that federal agencies are required to develop whenever they collect and maintain confidential information about individuals. The OASIS System of Records has not been published yet, but when it does it will give state agencies the right to use OASIS data for official purposes. It will also require the state and HCFA to safeguard the data from unintentional or unauthorized disclosure, and to ensure that data from the system is released only for legitimate purposes specified in the OASIS system of records. The System of Records will not require home health agencies to obtain a release from patients before their records can be sent to or released from the OASIS system, because the Privacy Act does not require such patient approval when data are collected for official purposes and used in accordance with the terms of a published System of Records.

Question: During survey will surveyors be looking for a release from the patient to submit OASIS information? If so, what should it say? At this point our release form authorizes the release of information to bill Medicare.

No release form or other permission from patients is required before agencies can collect or transmit OASIS data, so surveyors will not be looking for such documentation. HCFA intends to provide agencies with a standard statement of notification that they can give to patients, and agencies may choose to ask patients to sign this or a similar statement if they wish, but there is no plan to have surveyors check this either.

Question: How long does a HHA have to enter the assessment data, e.g., for a start-of-care assessment done on Monday the 14th, does the information have to be entered and then locked in 7 days (i.e., by 12/8), or is there a more lenient timeframe between the beginning of the assessment and the date when the data are entered?

Agencies have seven calendar days from the date the OASIS is *completed* to encode, edit, and lock the data using HAVEN or another data entry program. Since assessments must be locked by Day 7, it is advisable to begin data entry and editing as soon as possible after the OASIS data is collected. This will give agencies time to make any necessary corrections if editing and quality assurance monitoring reveal data integrity errors or clerical mistakes.

Question: We don't routinely collect Social Security numbers. Will there be a problem if we continue this practice and none of our assessments include this?

Agencies are expected to provide the patient's Social Security Number if the patient has one. Assessments will not be rejected by the state system if the Social Security Number field is left blank, but a pattern of consistently failing to provide a Social Security Number for all patients would certainly raise questions when the state and HCFA OASIS databases are audited.

Question: Our software vendor is HBOC and Co. They say our software program is set up to E-mail data directly to the state's HAVEN. Is this your understanding for this vendor/program also?

BQA has no information about how specific proprietary OASIS software packages function and is not in a position to advise agencies on whether theirs will perform all necessary functions properly, to approve or certify vendors, etc. Therefore, BQA cannot comment on this vendor or program specifically. There are two things that may shed some light on the question. First, e-mailing OASIS records to the state is not permissible, so if a vendor is telling agencies that that is an option and that its software supports that option, it is giving out misleading information and/or offering a function or service that agencies cannot use. Second, the state does not run HAVEN, and HAVEN is not used to accept records on the state end of the OASIS system. Agencies may import records that were encoded using proprietary software into HAVEN for edit testing, provided the agency has obtained a copy of HAVEN and has it running on their computer. This is not the same as submitting data to the state and it does not meet the requirement in the Final Rule mandating submission of encoded records to the state.

Question: Explain again how we will submit reports on patients admitted prior to the data collection date, so they don't have start-of- care OASIS information, but are on Medicare and would fall in the reporting period for re-certification/follow-up assessment.

There is no requirement that agencies encode start-of-care OASIS information for patients admitted to the agency's care prior to March 26, 1999. Agencies may encode this data and submit it if they wish, but they are not required to do so. If they choose not to, then the first OASIS collected on or after March 26 would be the first record that would need to be encoded and transmitted to the state. The state system will accept these records even though they have not been preceded by start-of-care OASIS information. An "out-of-sequence" error message may appear on validation reports, but this is normal in this situation and does not indicate any problem with the assessment being transmitted.

Question: Does M0072 refer to the physician's UPIN number?

Yes, for data item M0072, use the current UPIN number for now; however, HCFA has allowed for the new national provider number (NPI) that will be assigned in the future. When the NPI number is finalized and published, HCFA will provide additional guidance.

Question: Do M0050 and M0060 refer to the patient's permanent residence or the residence where care is to be delivered, which may be different?

The patient residence refers to where the patient is currently residing to receive care.

Question: For M0150, what does selection #6, title programs refer to? Please give examples. Also, if this is not COP-waiver or CIP funding, do these go under selection #11, other*?*

Title III of the Social Security Older Americans Act generally funds homemaker, chore and meal assistance. Title V of the Social Security Act funds maternal and child health services. Title XX of the Social Security Act refers to Block Grant Services.

Community Options Program (COP) and Community Integrations Program (CIP) are under Medicaid Title XIX, Home and Community Based Waivers. These funding sources are included in response #6, Title Programs.

Question: Does M0250 refer to therapies that the patient was receiving prior to home care, or should it include those therapies that are initiated at the first home care visit?

The OASIS data item MO250 should identify all therapies the patient receives at home (refer to Implementation Manual, Attachment B, page 8.43, specific instructions).

Question: Is the home health agency required to do an additional home visit following the receipt of a discharge verbal order from the physician to complete the discharge OASIS assessment?

If the physician determines that the patient does not require additional visits from the agency and requests discharge, the agency would report the patient status at the last skilled visit prior to that date. The comprehensive assessment required following discharge must be completed within 48 hours [refer to the Implementation Manual page 2.3 (d) – Update of comprehensive assessment]. Therefore, the home visit that the OASIS data collection would be based on is the last skilled visit. The agency would indicate this date in OASIS item M0090, the date the OASIS assessment was completed. This discharge assessment (not transfer to the inpatient facility) will always be based on a skilled clinician's (registered nurse, physical therapy, speech/language pathology or occupational therapy) home visit. There is no need to conduct another visit after receiving the MD order to discontinue services. There is no edit check problem generated if the answers to M0090 and M0906 are not identical. For example: The last skilled nursing visit was conducted on 12/18/99 and the physician requested discharge on 12/22/99. The discharge OASIS assessment would be completed by the registered nurse within 48 hours based on the 12/18/99 visit.

Question: Can a physical therapy assistant complete the discharge assessment and OASIS data elements or must it be a physical therapist?

The discharge assessment must be completed by the physical therapist. The professional discipline completing the assessment is identified at MOO80. A registered nurse or any of the therapies (physical therapy, speech therapy, and occupational therapy) can conduct OASIS data collection.

Question: If a patient who was receiving skilled care gets transferred into the agency's long term unskilled program, do we continue on the same (57-62 day) follow-up schedule, or do we complete the 'OASIS-discharge' when the patient leaves the skilled program and complete a new 'OASIS-start' in a few days when the patient begins care in the long-term unskilled program?

The comprehensive assessment and collection of OASIS data items applies ONLY to Medicare certified home health agencies. Therefore, a certified agency would be required to complete the comprehensive assessment including the OASIS items when the patient is discharged. The non-certified entity would not need to complete a comprehensive assessment and collect the OASIS data items. The home health Conditions of Participation would not apply to this agency.

Question: Once the follow-up has been done on a patient, is the next follow-up done 57-62 days from the date of the first follow-up?

No, the next follow-up assessment would be based on the start-of-care date, not the last follow-up. The 57-62 day language was removed from the final regulation. The regulation now specifies that

the comprehensive assessment be updated *"every second calendar month beginning with the start of care date. The assessment needs to be completed no earlier than the last five days of the certification period or NO later than one calendar day on which care began."*

Question: What do we do if a follow-up comprehensive assessment and OASIS data collection is accidentally missed on a patient?

The home health agency would be out of compliance with 42 CFR 484.55 (d) (1), which requires that the comprehensive assessment be updated every second calendar month. The agency should complete the follow-up comprehensive assessment as soon as possible. Subsequent follow-up assessments would be completed based on the start-of-care date. For example: The start-of-care date was 9/23/98. The first recertification period was 11/23/98 – 1/23/99. However, the follow-up assessment was completed until 1/25/99. The next recertification period would be 1/23/99 – 3/23/99. There is an expectation that the comprehensive assessment inclusive of the OASIS data items would be completed no earlier than 3/18/99 and no later than 3/22/99 (last 5 days of the certification period).

Question: How are home health agencies fulfilling the requirement that the OASIS data needs to be collected every 57-62 days, yet home health agencies must have a signed plan of care for the beginning of a new certification period?

The comprehensive assessment, including the OASIS data elements, must be completed within the last 5 calendar days of every second calendar month based on the start-of-care date. HCFA has no requirement that the plan of care is signed and in the medical record by the time the new certification period begins. Agencies have the option to contact the physician, indicate the patient status, indicate the rationale for recertification, review the plan of care with the physician and subsequently obtain a verbal order from the physician (including visit frequency and plans) and document the receipt of the verbal order. Or, the agency MUST obtain a signed plan of care every 62 days. *State licensure rules and federal Medicare regulations require that a home health agency obtain physician orders for services to continue into the next certification period.* This requirement should not be confused with the requirement for OASIS data collection every second month based on the start of care date.

Question: How is an OASIS assessment that is not in sequence with physician orders managed? Example: The patient is covered by insurance for one visit every eight weeks for catheter change. A catheter change is due the first month of the certification period. Some patients are 50 miles away from the agency. Can the OASIS assessment be completed by telephone?

The comprehensive assessment with OASIS data collection must be completed during the last 5 days of the second calendar month based on the start-of-care date. In managing the patient's care, the visit schedule should be monitored to include a visit during this time. If this were not possible, an additional visit would be required to meet the OASIS requirements. The collection of OASIS assessment information cannot be completed by telephone, except at death or inpatient admission (refer to MO100).

Question: In MO440, does the patient have a skin lesion or an open wound? Does having a PIC line or any IV access count as a yes? We have been told anything less than intact skin is a yes.

The answer to this is yes and no. In the OASIS User's Manual on page 8.62, the definition for MO440 states that this item "identifies the presence of a skin lesion or open wound." A lesion is a broad term used to describe an area of pathologically altered tissue. Sores, skin tears, ulcers, rashes, surgical incisions, crusts, etc. are all considered lesions. For this data set, lesions that end in "OSTOMY" (e.g., tracheotomy, gastrostomy, etc.) or peripheral IV sites are **not** considered to be lesions. All other alterations in skin integrity are considered to be lesions. Pin sites, central lines, PIC lines, surgical wounds

with staples or sutures, etc. are all considered lesions or wounds.

Question: Which set of questions needs to be asked if the patient has a significant change in condition and what is the definition of a change in condition?

The final regulation does not include the language "a **significant change** in condition". The language in 42 CFR 484.55 specifies that the comprehensive assessment must be updated as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status. In this situation the agency would complete the other follow-up reason for assessment within 2 calendar days of identification of a major decline or improvement in the patient's health status.
The Health Care Financing Administration (HCFA) has indicated they will provide clarification regarding the definition of a major decline or improvement in the patient's health status through program memorandum within the near future. When the Bureau receives this clarification, we will contact your provider organization and will notify all home health providers through the BQA memo series.

Question: Medicare has an approved list of acceptable V codes for principal diagnosis, yet the OASIS tool states providers cannot submit V codes. Please advise if agencies could continue to use V codes or not?

For OASIS, V codes are not to be used. Please refer to Chapter 8 of the OASIS Implement-ation Manual, MO210. Keep in mind that the OASIS data set will be used to generate outcome reports for the home health agency, which is the ultimate goal of collecting OASIS data. The outcome measures that will appear in outcome reports and the patient risk factors that are used for risk adjustment of outcome findings require medical diagnosis codes.

V codes or procedure codes are not adequate for this purpose, although they still may be used for the form HCFA-485. The agency should look for the underlying diagnosis that caused the need for the V-code or surgical code. What was the reason for the gastrostomy tube to be inserted? Was it dysphagia? You can obtain this information from the patient, caregiver, or referring physician.

Question: Do agencies need to do OASIS on hospice and bath program patients?

No, the home health Conditions of Participation are separate from the rules governing the Medicare hospice program or a non-certified bath program. Care being delivered to all patients, except those under 18, maternity patients and those receiving chore services, through a Medicare certified home health agency must meet the home health Conditions of Participation. Therefore, the comprehensive assessment and OASIS data collection would apply.

Question: Can the home health agency develop a comprehensive assessment form that incorporates the OASIS data items that have a therapy focus?

The sample assessment forms, which incorporate the OASIS B-1 data items that are available on HCFA's OASIS web site and included in the OASIS User's Manual, are examples of OASIS integration into the nursing assessment. The samples provided include the OASIS items for the various data collection time points. These sample forms were developed for the nursing discipline and are not discipline neutral. Therefore, these sample forms would not be appropriate for a comprehensive assessment appropriate for physical therapy, occupational therapy or speech and language pathology.

The OASIS data items are standardized health assessment items that must be incorporated/integrated into an agency's own existing assessment forms and policies. Therefore, for therapy-only cases, agencies need to develop assessment forms with a therapy focus. HCFA has indicated they are working with therapy organizations to develop a sample comprehensive assessment appropriate for those disciplines.

Question: Can clerical staff enter the demographic data on the OASIS form? The manual states that only clinicians can enter data. Right now we have a specific clerical person who does the coding, another who does the UPIN numbers, etc.

The OASIS implementation manual specifies in Chapter 2, page 2.6, that only clinicians can enter OASIS data elements. Non-clinical staff may not assess patients or complete assessment items; however, clerical staff or data entry operators may enter in the computer the OASIS data collected by the skilled professional.

The agency can preprint information on the clinical record in the demographic area (see the instructions for M0010, for example). After completion of the start of care assessment, agencies have the option to preprint ALL the demographic information, through M0072. This information would be used as the first page of the clinical record at the various assessment time points after start-of-care in order to minimize errors. This would include all items except the ICD codes.

Question: What OASIS items need to be completed when a patient is admitted to the hospital without our knowledge?

In most cases, a hospitalization of 24 hours or more which occurs for reasons other than diagnostic testing is a significant event that can trigger changes in the patient and may alter the plan of care. When you become aware of the hospitalization, determine if the stay was 24 hours or longer and if it occurred for reasons other than diagnostic testing. If the hospitalization was for less than 24 hours, or more than 24 hours but for diagnostic procedures only, no special action is required.

If the hospitalization met the criteria for an assessment update, complete an assessment that includes the transfer to the inpatient facility OASIS items. When you become aware of the patient's resumption of care, you would have 2 calendar days to complete the resumption-of-care assessment. The resumption-of-care date would be the first visit after the return from the hospital.

Refer to the OASIS Implementation Manual, chapter 4, pages 4.8 to 4.10 for further questions you may have regarding inpatient facility admissions.

Please direct any questions you may have regarding OASIS data collection to Barbara Woodford, OASIS Educational Coordinator, at (608) 264-9896. Questions related to software and data transmission should be directed to Richard Betz, OASIS Automation Coordinator, at (608) 264-9898.

Attachments